

Case Number:	CM15-0089260		
Date Assigned:	05/13/2015	Date of Injury:	02/25/2011
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 02/25/2011. There was no clear documentation of initial injury submitted for review. On provider visit dated 03/17/2015 the injured worker has reported left shoulder discomfort. On examination of the left shoulder revealed positive impingement, range of motion with decreased with pain was noted. The diagnoses have included cervical spine sprain/strain. Treatment to date has included medication, chiropractic therapy and laboratory studies. The provider requested 8 Myofascial Release for The Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Myofascial Release For The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The date of injury was 2/25/11. The primary treating physician's progress report dated 3/17/15 documented shoulder complaints. Left shoulder range of motion was noted to be decreased, but measurements were not documented. Eight myofascial release for the left shoulder requested on 4/9/15. MTUS guidelines indicate that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 6 visits. The request for 8 myofascial release treatments exceeds MTUS guidelines, and is not supported by submitted medical records. Therefore, the request for myofascial release is not medically necessary.